

## RECEIVED CENTRAL FAX CENTER

SEP 0 5 2007



## **Deposit Account Statement**

Requested Statement Month:

Deposit Account Number: Name:

Attention:

Street Address 1:

Street Address 2:

City:

Zip:

Country:

State:

August 2007

504041

THOMAS R. VIGIL ESQUIRE

THOMAS R. VIGIL

221 N. LASALLE, ROOM 2036

CHICAGO

IL

60601

**UNITED STATES** 

DATE SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL	
08/01 279 08/01 12347 08/08 20 08/08 59 08/08 7683 08/13 27 08/13 28 08/14 404 08/15 133 08/16 2714 08/16 8503 08/16 319 08/16 320	11597023 29289745 11597023 11799931 10597023 11597023 E-REPLENISHMENT 10560222 10560222 START BALANCE	VCRU-40002 VMP-40006 VWWH-40065 VCRU-40002 17029US VMP-40006 VFM-40030 VFM-40030 SUM OF CHARGES \$835.00	2617 9203 1051 8021 8021 2617 2051 2617 1617 9203 8021 1617 1618 SUM OF REPLENISH \$865.00	\$40.00 \$130.00 \$130.00 END	\$955.00 \$1,255.00 \$1,125.00 \$1,085.00 \$1,045.00 \$1,045.00 \$980.00 \$1,350.00 \$1,310.00 \$1,180.00 \$1,050.00	Notouve Pile temove Petition Sov 50% refund Siled

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Roquest for Credit

If on Vigil